

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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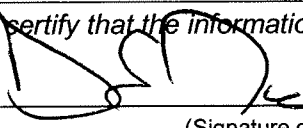
LOBBYIST REGISTRATION FORM

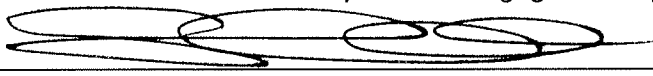
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Naten	Derek		916-447-1611
MAILING ADDRESS (Street)			FAX
1201 K Street, Suite 1030			916-447-1661
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Bayer Corporation Pharmaceutical Division, Bayer HealthCare LLC			203-812-3804
MAILING ADDRESS (Street)			FAX
400 Morgan Lane			203-812-6570
(City)	(State)	(Zip Code)	
West Haven	CT	06516	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Eleanor A. Joseph			404-636-5044
MAILING ADDRESS (Street)			FAX
1776 Century Blvd., Suite A			678-868-1719
(City)	(State)	(Zip Code)	
Atlanta	GA	30345	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 _____ (Signature of Lobbyist)	01/17/06 _____ (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Sandra Oliver		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Head of State Government Affairs
NAME OF ORGANIZATION (if applicable) Bayer Corporation Pharmaceutical Division, Bayer HealthCare LLC		TELEPHONE 203-812-3804
MAILING ADDRESS (Street) 400 Morgan Lane		FAX 203-812-6570
(City) West Haven	(State) CT	(Zip Code) 06516
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
 _____ (Signature of Authorizing Officer or Person Represented)		1/12/07 _____ (Date)